

VENDOR MANAGEMENT PROGRAM CHECKLIST

Vendor: The following Health & Safety Program information is to be submitted to the Township of Tyendinaga prior to commencing services. The Representative for the Township of Tyendinaga reserves the right to review this form and request documented verification of any elements of the Health & Safety Program.

Legal Name (Corporation): _____

Signing Authority: _____

Contact Number: _____

Number of Staff Employed (Full & Part-Time): _____

SECTION A: HEALTH & SAFETY POLICY & PROGRAMS

HEALTH & SAFETY POLICY AND PROGRAM	Yes	No	N/A / Frequency
Do you have a Health & Safety policy statement, and a program in place to implement this policy? (attach copy)			
Do you have an Accident Report Form and Accident Investigation Form in the case of injury or "near miss"? (attach copy of blank form)			
Does the Vendor agree to provide a copy of the Accident Report Form and Accident Investigation Form to the Project Manager if there is an injury or "near miss"?			
Will a Vendor Self-Inspection Report be completed? How often?			
Will a Project Progress Report be completed? How often?			
Do you have a Joint Health and Safety Committee (JHSC) in place? (This is a legislated requirement for vendors with 20 or more full and part-time employees)			
Do you have a Health & Safety Representative in place, rather than a committee? (This is legislated requirement if you have 6 to 19 full and part-time employees)			
Do you coordinate safety meetings? If so, how often?			

EQUIPMENT	Yes	No	N/a	Frequency	Copies
Enclose a list of all equipment to be used on the job site (excl. non-powered hand tools)					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Do you conduct pre-start inspections of large motorized equipment?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Do you maintain records of these inspections?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Do you conduct monthly inspections of all motorized equipment?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Do you maintain records of these inspections?					Requested <input type="checkbox"/>

					Received <input type="checkbox"/>
Do you conduct routine maintenance on all equipment?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
How often is the maintenance conducted?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Do you maintain records of this maintenance?					Requested <input type="checkbox"/> Received <input type="checkbox"/>
Please outline your requirements for the safe storage of tools and equipment:					

EQUIPMENT APPROVED SAFE	Yes	No	N/a
Do you have all large motorized equipment, such as cranes or forklifts, certified on an annual basis?			
Which company performs this certification?			

Please mark each training program conducted by your company and written policy/procedure that is applicable to the work to be performed. Please include any training programs not listed in the section provided. Upon request please enclose a copy.

TRAINING POLICY/PROGRAMS	Yes	No	N/A	Frequency	Written Procedure Yes No	
WHMIS- Generic (Legislation Overview)						
WHMIS- Specific Chemical Review						
Designated Substances (Please List):						
Accident Investigation						
Respiratory Protection						
Workplace Inspections						
Transportation of Dangerous Goods (TDG)						
Confined Space Entry						
Traffic Control						
Housekeeping						
Fire Protection						
First Aid						
Emergency Procedures						
Lockout/ Tag-out						
Forklift/ Elevated Platform						
Chainsaw						
Electrical Safety						
Ladder Safety						
Crane/Rigging Safety						
Rescue/Retrieval						

Lifting Techniques (Manual/ Mechanical)						
Fall Protection (From Heights)						
Trenching/ Shoring/ Excavation						
Demolition						
Welding/Cutting						
Machine Guarding						
Roofing						
Scaffolding						
Other (please list):						

FIRST AID	Yes	No	N/A OR #
How many trained First Aid Responders will be available at the job site?			
Are up to date First Aid Certificates readily available?			
How many First Aid kits will be available at the job site?			
Do you maintain First Aid treatment records (not reportable to WSIB)?			
Do you inspect and record the First Aid kits every three months?			

WORK PERMITS	Yes	No	N/A
Do you use written work permits for the following jobs, if applicable? List all other work permits not noted			
• Hot Work			
• Confined Space Entry			
• Lockout/Tag-out			
• Other (please list):			

SECTION B: WSIB & INSURANCE LIABILITY

WSIB & INSURANCE LIABILITY	Yes	No	N/A	ON FILE
Proof of WSIB Clearance Certificate				
Proof of Liability Insurance Coverage				
Proof of Automobile Liability Coverage:				
Owned: _____				
Not Owned: _____				
Other Insurances as required:				

SECTION C: INCIDENT STATISTICS AND REPORTING

ACCIDENT STATISTICS AND REPORTING	Yes	No	N/A OR #
Do you maintain files on accident reports?			
Do you file a Form 7 with the WSIB for accidents requiring medical attention?			

Has your company sustained any critical injuries over the last five years? If so, how many?			
Did you report these critical injuries to the Ministry of Labour?			
Has your company sustained a fatality? If so, how many?			

SECTION D: PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

PPE Requirements	Yes	No	N/A
Hard Hats and/or Other Head Protection			
Eye/Face Protection			
Hearing Protection			
Safety Boots			
Gloves			
Safety Harnesses (Full Body)			
Personal Floatation Devices/ Life Jackets			
High Visibility Protective Vest			
Respiratory Protection (please specify type):			
Protective Clothing (gowns, masks, TYVEX suits)			
Other (please list):			

SECTION E: HAZARDOUS/DESIGNATED SUBSTANCES

HAZARDOUS/DESIGNATED SUBSTANCES	Yes	No	N/a	Copies
Please <u>enclose</u> a copy of all Safety Data Sheets for chemical products to be used on site				Requested <input type="checkbox"/> Received <input type="checkbox"/>
Please <u>enclose</u> a list of all designated substances to be used on site (as defined by the OHSA)				Requested <input type="checkbox"/> Received <input type="checkbox"/>
Are all products appropriately labelled?				
If you use or work with designated substances, do you have a written control program?				
Are your chemicals stored in adequate storage containers for use on the job site?				

SECTION F: LICENSING AND CERTIFICATIONS

LICENSING AND CERTIFICATIONS	Yes	No	N/A
Do you require specialized certification to perform your work? Please attach a copy of all applicable certificates. List all other certificates not noted.			
• Trades Qualification			
• Extermination License			
• Transportation of Dangerous Goods			
• Electrical			
• Welding			

• Asbestos Work			
• Designated Substances			
• Respiratory Equipment Maintenance			
• Plumbing			
• Mechanical			
• Forklift/elevated platform			
• Professional License			
• Chainsaw certification			
• Airbrake "Z" endorsement			
• Specific Classes of Driver's License (e.g. AZ, DZ, F, G)- Please specify:			
Other (please list):			

Has the Vendor received a copy of all applicable Township (Corporate and Departmental) policies, procedures, and safety requirements?

Yes ☐ No ☐

The work site is to be kept free of all garbage and debris. Are written procedures for maintaining clean work and access areas attached?

Yes ☐ No ☐

Identify all subcontractors that will be used to complete work on this award:

Company Name	Company Representative and Phone Number

The undersigned hereby acknowledges and represents that the information set out in this Vendor Checklist form is accurate as of the date of signing.

Dated at _____ this _____ day of _____, 20____

Vendor Representative, Title